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CONFIRMATION NO. 2314

Bib Data Sheet

SERIAL NUMBER 10/693,203	FILING DATE 10/27/2003 RULE	CLASS 602	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 1159
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *RP*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *RP*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CA	3	6	1
Verified and Acknowledged	<i>John D. Gugliotta</i> <i>RP</i> Allowance Examiner's Signature Initials				

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## TITLE

Pneumatic lumbar support and method for developing improved lower back range of motion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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